

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-040513  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 329

FILED NOV 4 1963

1. PLACE OF DEATH a. COUNTY <b>Lawrence</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Madison</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Mt. Vernon, Mo.</b>		c. CITY OR TOWN <b>Fredericktown, Mo.</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Missouri State Sanatorium</b>		d. STREET ADDRESS (If outside, give location) <b>Route #3</b>	

3. NAME OF DECEASED (Type or print) First <b>Augustus</b> Middle <b>Stephen</b> Last <b>Griffith</b>			4. DATE OF DEATH Month <b>October</b> Day <b>28</b> Year <b>1963</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10-16-01</b>	9. AGE (last birthday) <b>62</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>			10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (City and state or country) <b>Ste. Genevieve County</b>			12. CITIZEN OF WHAT COUNTRY <b>United States</b>		
13a. FATHER'S NAME <b>Robert Edwin Griffith</b>			13b. MOTHER'S MAIDEN NAME <b>Frances Guitar</b>		
14. NAME OF HUSBAND OR WIFE <b>Single</b>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		
16. INFORMANT <b>T. A. Griffith, Brother. Fredericktown, Mo</b>			17. ADDRESS <b>Route #3</b>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Phenobarbital poisoning</b>		INTERVAL BETWEEN ONSET AND DEATH <b>few hours</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Bronchogenic carcinoma with pneumonectomy.</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>11:00</b> a.m. p.m. Month, Day, Year <b>Oct. 25, 1963</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Fredericktown</b>	
20g. COUNTY <b>Madison</b>		20h. STATE <b>Mo</b>	
21. I attended the deceased from <b>Oct. 25, 1963</b> to <b>Oct. 28, 1963</b> and last saw him alive on <b>Oct. 28, 1963</b> Death occurred at <b>11:00 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE <b>C. Hellweg</b> (Degree or title)		22b. ADDRESS <b>Missouri State Sanatorium</b>		22c. DATE SIGNED <b>10-28-63</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>10-30-63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Christian Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Fredericktown Mo</b>	
24. FUNERAL DIRECTOR <b>Wilson's Funeral Home</b>		25. DATE REC'D BY LOCAL REG. <b>10-30-63</b>		26. REGISTRAR'S SIGNATURE <b>Roy Grantham</b>

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

NOV 5 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed May L. Toasie

Licensed Embalmer No. 4254

P. O. Address McLennan Co

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.